State of Nevada

TRAVEL EXPENSE REIMBURSEMENT CLAIM

(SEE STATE ADMINISTRATIVE MANUAL 0200 FOR TRAVEL REGULATIONS)

Name					-		under p			•			•	•	
Social Security Number						this is a true and correct claim in conformance with the governin statutes and the State Administrative Manual and its updates. I do not have a travel advance									
Department & Division					_		easurer								
Official Station	1				-			Sig	nature	of Trave	eler				
Transportation C	odes.				1				gency A						
P - Plane	oues.	Y - Dass	enger in Car						gency /	τρρισνέ	41				
PP - Private Pla	ine.		-		l IIE		Traveler:		LEPC N	lember					
PC - Private Car	PT - Public Trans: Subway, City Bu SC - State Car: Motor Pool or Agen														
OT - Other*: Lim									•		ission M				
Miscellaneous Codes:						_	Independent Contractor Whose Contract								
A - ATM Fees* I - Incidental Expense						Provides for Travel									
					-										
	Destinati		ion Travel			ransporta								Total	
	and			Time		PC/PP		Expenses					Lodging	For	
Date	Purpose of Ea	ch Trip	Started	Ended	Code	Mileage	Cost	Code	Cost	В	L	D		Day	
														0.00	
														0.00	
														0.00	
-														0.00	
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														0.00 0.00 0.00	
														0.00	

*Receipts are required for:

Balance Due to Traveler:

"Other" transportation expenses
ATM and bank transactions
-of-state hotel & transportation expenses

Less Travel Advance Received from the Traveler's Agency or State Treasurer:

Traveler is personally liable for repaying advances and Travel Card charges.

0.00

This form is used for the State to reimburse the traveler and must be submitted within one month of completion of travel unless prohibited by exceptional circumstances (SAM 0220.0).